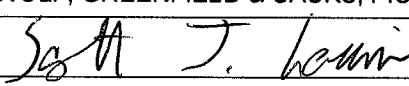
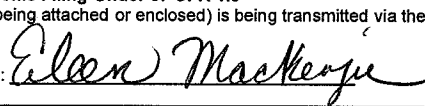


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/731,790-Conf. #4910
		Filing Date	December 9, 2003
		First Named Inventor	Michael Kilian
		Art Unit	2166
		Examiner Name	J. D. Wong
Total Number of Pages in This Submission		Attorney Docket Number	E0295.70190US00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cited References
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

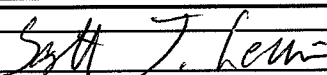
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Scott J. Gerwin		
Date	April 24, 2009	Reg. No.	57,866

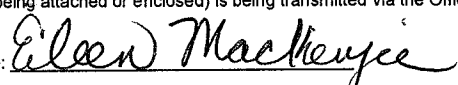
Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: April 24, 2009	Signature: 

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/731,790-Conf. #4910
		Filing Date	December 9, 2003
		First Named Inventor	Michael Kilian
		Examiner Name	J. D. Wong
		Art Unit	2166
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	E0295.70190US00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																															
Utility	330	165	540	270	220	110																															
Design	220	110	100	50	140	70																															
Plant	220	110	330	165	170	85																															
Reissue	330	165	540	270	650	325																															
Provisional	220	110	0	0	0	0																															
2. EXCESS CLAIM FEES																																					
							Small Entity																														
							Fee (\$)																														
Each claim over 20 (including Reissues)							52																														
Each independent claim over 3 (including Reissues)							220																														
Multiple dependent claims							390																														
							195																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 20%;">Extra Claims</td> <td style="width: 20%;">Fee (\$)</td> <td style="width: 20%;">Fee Paid (\$)</td> <td style="width: 20%;">Multiple Dependent Claims</td> </tr> <tr> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td></td> <td>Fee (\$)</td> </tr> <tr> <td colspan="5">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> </tr> <tr> <td>- 3 or HP</td> <td>x</td> <td>=</td> <td></td> <td></td> </tr> <tr> <td colspan="5">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	- 20 or HP	x	=		Fee (\$)	HP = highest number of total claims paid for, if greater than 20.					Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		- 3 or HP	x	=			HP = highest number of independent claims paid for, if greater than 3.					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																																	
- 20 or HP	x	=		Fee (\$)																																	
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																		
- 3 or HP	x	=																																			
HP = highest number of independent claims paid for, if greater than 3.																																					
3. APPLICATION SIZE FEE																																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																					
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																
- 100 =		/50 =	(round up to a whole number) x	=																																	
4. OTHER FEE(S)																																					
Non-English Specification, \$130 fee (no small entity discount)																																					
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00																														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	57,866
Name (Print/Type)	Scott J. Gerwin	Telephone	617.646.8000
		Date	April 24, 2009

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: April 24, 2009		Signature: 
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